PTO/SB/06 (08-00)
Approved for use through 10/31/2002. OMB 0651-0032
U. S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, so persons are required to respond to a collection of information unless it displays a valid OMB control number. **Application or Docket Number** PATENT APPLICATION FEE DETERMINATION RECORD A1-318D OTHER THAN CLAIMS AS FILED - PART I SMALL ENTITY OR **SMALL ENTITY** (Column 2) (Calumn I) FOR **NUMBER FILED** NUMBER EXTRA RATE RATE FEE FEE **BASIC FEE** \$770 OR (37 CFR 1.16(a)) TOTAL CLAIMS 14 minus 20 = OR 07 CFR 1.16(d) INDEPENDENT CLAIMS minus 3 = OR (37 CFR 1.16(b)) Ŝ MULTIPLE DEPENDENT CLAIM PRESENT 07 CFR 1.16(0) OR = = 770 TOTAL TOTAL OR * If the difference in column 1 is less then zero, enter "V" in column 2 OTHER THAN **CLAIMS AS AMENDED - PART II** OR SMALL ENTITY SMALL ENTITY (Coloma 3) (Column 1) (Column 2) CLAIMS HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT RATE TIONAL RATE TIONAL AMENDMENT **AFTER PREVIOUSLY EXTRA** FEE FEE AMENDMENT PAID FOR OR Total Minus (37 CFR L16(d) OR Independent *** Minus 07 CFR L160-10 OR OT CER LIKED FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR TOTAL TOTAL OR ADDIT. FEE ADDIT. FEE (Column 1) (Coloma 3) (Column 2) CLAIMS HIGHEST ADDI-ADDI-REMAINING PRESENT **NUMBER** RATE TIONAL TIONAL RATE **AFTER PREVIOUSLY EXTRA** FEE FEE AMENDME **AMENDMENT** PAID FOR OR Total (37 CFR 1.16(c)) ** Minus OR *** Independent Minus OR (37 CFR 1.16(b)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM O7 CFR LINKO OR TOTAL TOTAL OR ADDIT, FEE ADDIT. FEE (Column 1) (Colomb 2) (Column 3) **CLAIMS** HIGHEST ADDI-ADDI-REMAINING NUMBER PRESENT TIONAL RATE TIONAL RATE AMENDMENT AFTER **PREVIOUSLY EXTRA** FEE FEE **AMENDMENT** PAID FOR OR Total (37 CFR 1.16(4)) Minus = OR Independent *** Minus (37 CFR 1.16(b)) OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM O7 CFR LJGG OR TOTAL TOTAL OR * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ADDIT, FEE ADDIT. FEE ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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Burden Hour Statement: This form is estimated to take 0.2 hours to complete the first will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

A 1318D

									4 3	0 -		
	· 	CLAIMS A	S FILED - (Column		(Column 2)			ALL EI	NTITY	OR	OTHER	
TOTAL CLAIMS			14			1		RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		ВА	ASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			/4 minus 20=		* _			XS 9=	*	OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =		* /			X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM PI			RESENT					+145=		OR	+290=	
* If	the difference	e in column 1 is	less than ze	ero, enter	"0" in d	column 2		OTAL		OR	TOTAL	710
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						s	MALL !	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER OUSLY	PRESENT EXTRA	f	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=)	KS 9=		OR	XS18=	
	Independent			CL AIDA	=	, ,	X43=		OR	X86=		
	FIRST PRESE	ENTATION OF MU	JETIPLE DE	PENDENT	CLAIM		+	145=		OR	+290=	
								TOTAL DIT. FEE		~ ,	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIĞHE NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		= '	×	(\$ 9=		OR	X\$18=	
	Independent	pendent		CLAIM	=	×	(43=	-	OR	,X86=		
	·	TATALION OF IME	CITELE DEF	ENDENT	CLATIVI		+	145=		OR	+290=	
		ADD	TOTAL IT. FEE		OR A	TOTAL ADDIT. FEE						
(Column 1) (Column 2) (Column 3)								•				
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER USLY	PRESENT EXTRA	R	ATE 1	ADDI- FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	** .		=	X	\$ 9=		OR	X\$18=	
	Independ nt		Minus	***		=	X	43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM			45=			+290=	
**	the entry in colur the "Highest Nur		TOTAL T. FEE		OR [OR _	TOTAL DDIT. FEE						
***	f the "Highest Nur	mber Previously Pa ber Previously Paid	id For" IN THIS	SPACE is	less than	n 3, enter "3."			opriate box			